

Grantee/ Recipient/ Subrecipient:

Project ID:

Monitor:

Date Completed:

### 3. MONITORING PREP - DOCUMENT COLLECTION

**Description:** The Monitor must collect the following documents in order to execute the Project Checklist.

**Instructions:** Work with the appropriate staff to follow up with the Grantee/ Recipient/ Subrecipient until the requisite documents are received. Check the box in the "Received?" column once received.

Section	Type of Applicable Project	Required Documents	Received?
Section 4: Citizen Participation	All	Citizen Participation Plan, if applicable	<input type="checkbox"/>
		Evidence of Citizen Participation (Public hearing meeting notices, attendance logs, minutes, etc.)	<input type="checkbox"/>
Section 5: National Objective and Eligible Activities	All	Project Application	<input type="checkbox"/>
Section 6: Monitoring	All	Monitoring Policies and Procedures (Monitoring Plan)	<input type="checkbox"/>
		Monitoring Plan Schedule	<input type="checkbox"/>
		Monitoring Results	<input type="checkbox"/>
Section 7: Procurement and Contract Review	All	Procurement Policies and Procedures	<input type="checkbox"/>
		For each Procurement/Contract: Justification of services, supplies, procured item(s)	<input type="checkbox"/>
		Advertisement/Publication (Not applicable if services, supplies, or items are procured through the Small Purchase Method)	<input type="checkbox"/>
		Proposals, Statement of Qualifications, Bids, or Quotes received	<input type="checkbox"/>
		Evaluation of all Proposals, Statement of Qualifications, or Bids received (Not applicable if services, supplies, or items are procured through the Small Purchase Method)	<input type="checkbox"/>
		Cost/Price Analysis	<input type="checkbox"/>
		Notice of Contract Award	<input type="checkbox"/>
Section 8: Labor	All Construction Projects	For each Contractor, as applicable: Proof of Insurance	<input type="checkbox"/>
		Contractor Clearance Form	<input type="checkbox"/>
		Evidence of Labor Compliance Officer (LCO) Labor Interviews	<input type="checkbox"/>
		Proof of approval from the WVDO to use Force Account Labor, if applicable	<input type="checkbox"/>
		LCO Labor Issues Log (including description, issue type, restitution amount, if any)	<input type="checkbox"/>
		For each Contractor: Verification of Wage Decision Form (Construction contracts exceeding \$2,000 Only)	<input type="checkbox"/>
		Two Weekly Payrolls	<input type="checkbox"/>
Section 9: Financial Management	All	Financial Management Policies and Procedures	<input type="checkbox"/>
		Chart of Accounts	<input type="checkbox"/>
		Project Budget	<input type="checkbox"/>
		Revenue/Expenditure Report (or "Financial Status Report")	<input type="checkbox"/>

Section	Type of Applicable Project	Required Documents	Received?
		Bank Statement (Or other documentation required to review Cash Management)	<input type="checkbox"/>
		Most recent reconciliation	<input type="checkbox"/>
		For each Contractor: Invoice Sample Required Number of Invoices <i>(See Monitoring Instructions for steps to determine invoice sample)</i>	<input type="checkbox"/>
		Supporting Documentation for each Invoice	<input type="checkbox"/>
Section 10: Section 3 of the HUD Act of 1968	All housing const., rehab, or other public service const. projects if the Grantee/ Recipient/ Subrecipient has been obligated \$200,000 or more to these project types <u>OR</u> All housing const. rehab or other public service const. projects where a contractor or subcontractor is performing work for which the amount of assistance exceeds \$200,000 and the contract or subcontract exceeds \$100,000.	Section 3 Plan <i>(Only for Construction contracts exceeding \$100,000 to execute a Section 3 covered project.)</i>	<input type="checkbox"/>
Section 11: Environmental Review	All	Applicable Notice: (Notice of Acceptance of Exemption, Notice of Release of Funds, Certification of Categorical Exclusion)	<input type="checkbox"/>
		First Draw Request	<input type="checkbox"/>
Section 12: Acquisition and Relocation	Projects for which property was acquired	Acquisition/Relocation Log (including property addresses and acquisition type)	<input type="checkbox"/>
		For Property within URA Property Sample: Address	<input type="checkbox"/>
		Valuation or Appraisal (and review appraisal)	<input type="checkbox"/>
		Statement of Just Compensation (only if acquisition is subject to URA)	<input type="checkbox"/>
		Act of Sale	<input type="checkbox"/>
		Statement of Settlement Costs	<input type="checkbox"/>
		Deed (showing transfer to Grantee/ Recipient/ Subrecipient)	<input type="checkbox"/>
		Proof of Purchase Price (canceled check)	<input type="checkbox"/>
		Relocation Notices	<input type="checkbox"/>
		Proof of Relocation Services Provided	<input type="checkbox"/>
Section 13: Property Management	Projects where real property was purchased	Property Control Tracking Log (including evidence of the most recent inventory)	<input type="checkbox"/>
		Notification to the WVDO if property has been disposed of	<input type="checkbox"/>
Section 14: Lead-Based Paint, Asbestos, and Mold	Construction Projects	Lead-Based Paint Evaluation or Assessment	<input type="checkbox"/>
		Lead-Hazard Clearance Report	<input type="checkbox"/>
		Documentation that owners are providing tenants appropriate Lead-based paint pamphlets and disclosure statements (Housing Projects Only)	<input type="checkbox"/>
		Asbestos statutory checklist	<input type="checkbox"/>
		Mold inspection	<input type="checkbox"/>

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**4. CITIZEN PARTICIPATION****Requirement****Response****Issue Type****Comments**

**Description:** The citizen participation requirements were waived for disaster assistance related to DR-4273 and replaced with alternate requirements. However, the waiver and alternate requirements still provide for reasonable public notice, appraisal, examination, and comment on the activities proposed for the use of disaster recovery CDBG funds.

**Monitoring Instructions:** Review the methods the Grantee/ Recipient/ Subrecipient used (e.g., public hearing notices, advertisements in print or online media, websites for public comment, etc.) to provide an opportunity for and encourage citizen participation. Complete the following questions as indicated. As applicable, mark "N/A", "Finding", or "Concern" to identify any issues. Provide comments for your responses in the identified areas.

**Documents Needed:**

- Project Application
- Citizen Participation Plan, if applicable
- Evidence of Citizen Participation (Public hearing meeting notices, attendance logs, minutes, etc.)

1. Is there sufficient evidence the Project underwent a citizen participation period prior to project approval?

☐ Yes  
☐ No

☐ N/A  
☐ Finding  
☐ Concern

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**5. NATIONAL OBJECTIVE AND ELIGIBLE ACTIVITIES****Requirement****Response****Issue Type****Comments**

**Description:** Any activity undertaken by a Grantee/ Recipient/ Subrecipient must be eligible under the HCDA (Housing and Community Development Act) and meet at least one CDBG National Objective.

**Monitoring Instructions:**

Obtain an understanding of all project activities prior to completing this section. Compare the activities identified in the Project Application to these activities to determine if the activities undertaken throughout the project meet the requirements set forth by the National Objective and Eligible Activities selected.

**Documents Needed:**

- Project Application + an understanding of all project activities

1. Review the National Objective(s) selected for the project (see project application and/or Section 2). Are policies and procedures in place to ensure that the project meets a National Objective (24 CFR 570.483)? Note any discrepancies.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. Are the written policies and procedures sufficient for ensuring that the program/project meets a National Objective?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. Review the Eligible Activity(ies) selected for the project (see project application and/or Section 2). Are policies and procedures in place to ensure that project activities align with those listed in the project application? Note any discrepancies.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4. Are the policies and procedures being followed as written?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

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**6. MONITORING**

Requirement	Response	Issue Type	Comments
<b>Description:</b> Grantee/ Recipient/ Subrecipients are responsible for ensuring that programs meet the compliance requirements within executed agreements, applicable federal, state, and local laws, regulations, and codes. This includes monitoring their projects, project administrators, contractors, and subcontractors.			
<b>Monitoring Instructions:</b> Obtain an understanding of the Grantee/ Recipient/ Subrecipient's Monitoring Policies and Procedures. Review the Grantee/ Recipient/ Subrecipient's Monitoring Plan to determine the monitoring schedule. Complete the following questions as indicated. As applicable, mark "N/A", "Finding", or "Concern" to identify any issues. Provide comments for your responses in the identified areas.			
<b>Documents Needed:</b> <ul style="list-style-type: none"> <li>Monitoring Policies and Procedures (Monitoring Plan)</li> <li>Monitoring Plan Schedule</li> <li>Grantee/ Recipient/ Subrecipient's Monitoring Reports, if any</li> </ul>			

5. Does the Grantee/ Recipient/ Subrecipient have an approved Monitoring Plan in place that sufficiently evaluates compliance with contractual, financial, and CDBG requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
6. Are there sufficient procedures for ensuring the quality of monitoring efforts, including documentation and intended actions, and follow-through on promised actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
6.1. If no, is the project due for a review, according to the Monitoring Plan/Schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
6.2. If yes, notate any concerns or findings identified as a result of the Grantee/ Recipient/ Subrecipient's monitoring efforts.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<b>6.1 Duplication of Benefits</b>			
1. Does the Grantee/ Subrecipient have documentation showing that it reviewed and monitored the activity for duplication of benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

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## 7. PROCUREMENT AND CONTRACT REVIEW

Requirement	Response	Issue Type	Comments
<p><b>Description:</b> The Monitor is charged with determining if the Grantee/ Recipient/ Subrecipient is in compliance with the required standards relating to procurement of equipment, supplies, real property (land, including all the natural resources and permanent buildings on it), and services (including consulting and construction services, among others). The Monitor is also charged with determining if the contracts resulting from the procurement are complete and consistent with the requirements of the procurement solicitation and the program or project policies and procedures. The checklist questions build upon requirements contained in federal and state statutes, regulations, Executive Orders, and other directives (e.g., OMB Circulars).</p> <p>Depending upon the nature of the procurement (equipment or supplies, consulting, professional services) or if the procurement involves IT services or acquisition of real property (land, including all the natural resources and permanent buildings on it), specific standards will apply. Grantee/ Recipient/ Subrecipients often have prescribed processes that are to be used for negotiating, executing and implementing contracts. These are usually prepared under the supervision and guidance of attorneys.</p> <p><b>Monitoring Instructions:</b> Obtain an understanding of the Grantee/ Recipient/ Subrecipient's Procurement and Contract Management Policies and Procedures. Execute the "<b>Procurement And Contract Review Worksheet</b>" for each procurement/contract reviewed by marking "N/A", "Finding", or "Concern" to identify any issues, as applicable. Provide comments for your responses in the identified areas.</p> <p>Complete this Section based upon the procurement process associated with each Contractor within the contract sample. Complete the following questions as indicated.</p>			
1. After completing the <b>Procurement and Contract Review (Worksheet 1)</b> for each contractor, is there evidence that all procurements were performed according to all applicable federal, state, and local laws, regulations, and codes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. After completing the <b>Procurement and Contract Review (Worksheet 1)</b> for each contractor, is there evidence that all contracts were executed according to all applicable federal, state, and local laws, regulations, and codes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. After completing the <b>Procurement and Contract Review (Worksheet 1)</b> for each contractor, is there a potential conflict of interest because of one firm providing multiple services? i.e. administrative consultant services and engineering services.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

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## 8. LABOR

### Requirement

### Response

### Issue Type

### Comments

**Description:** Grantee/ Recipient/ Subrecipients and Contractors implementing projects involving construction contracts are required to comply with applicable labor-related laws and regulations. Execute "**Worksheet 2: Contractor Labor Review**" for all contracts within the sample.

Then, answer the following questions as directed and mark "N/A", "Finding", or "Concern" to identify any issues, as applicable. Provide comments for your responses in the identified areas.

### Documents Needed (if Grantee/ Recipient/ Subrecipient is not exempt from Labor Requirements [see Question 1]:

- Evidence of Labor Compliance Officer (LCO) Labor Interviews
- Proof of approval from the WVDO to use Force Account Labor, if applicable
- LCO Labor Issues Log (including description, issue type, restitution amount, if any)
- Verification of Wage Decision Form
- Contract (including Wage Decision included within contract)
- Contractor Clearance Form

<p>1. Is the Grantee/ Recipient/ Subrecipient exempt from Davis-Bacon and Related Acts and the Copeland Anti-Kickback requirements? If yes, do not execute the remainder of this Section.</p> <p><i>All contracts must meet at least one of the following in order for the Grantee/ Recipient/ Subrecipient to be exempt:</i></p> <ul style="list-style-type: none"> <li>• Construction contracts at or below \$2,000</li> <li>• Rehabilitation or construction of residential structures containing less than eight units;</li> <li>• Simple water and sewer line extensions without pumps, tanks, etc.</li> <li>• Separate and distinct projects. (Contact the WVDO for guidance); or,</li> <li>• Contracts solely for demolition, when no federally-funded construction is anticipated on the site.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>2. Has the Grantee/ Recipient/ Subrecipient designated a Labor Compliance Officer (LCO)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>3. If yes, is there evidence that the LCO is ensuring labor compliance requirements are met by contractors and subcontractors?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>4. Is there evidence that the contractors/subcontractors have been informed of their responsibilities regarding labor compliance? (Typically found within the contract.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>5. After completing the <b>Contractor Labor Review (Worksheet 2)</b>, for each Contractor, is there evidence that the Grantee/ Recipient/ Subrecipient is in compliance?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

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## 8. LABOR

Requirement	Response	Issue Type	Comments
<b>8.1 ONSITE INTERVIEWS</b>			
1. Is there evidence that contractor employee interviews are being performed by the Grantee/ Recipient/ Subrecipient's LCO?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. Is there evidence that the LCO confirmed that the job site met all federal requirements regarding the posting of labor-related information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<b>8.2 FORCE ACCOUNT LABOR</b>			
1. Has the Grantee/ Recipient/ Subrecipient elected to utilize Force Account Labor in implementing the project?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. Did the Grantee/ Recipient/ Subrecipient receive written approval from the WVDO prior to utilizing Force Account Labor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<b>8.3 ISSUE IDENTIFICATION AND COMPLIANCE ENFORCEMENT</b>			
1. Has the LCO identified any labor compliance issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. Did the LCO notify the contractor of all issues and request certified corrected payrolls?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2.1. Did the contractor provide certified corrected payrolls for all labor compliance issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. Did any issues require restitution to the employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4. Did the contractor provide evidence that restitution was paid to the employee within its certified corrected payrolls?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
5. If the issue was related to overtime, did the LCO inform the contractor of its options (request waiver or pay liquidated damages)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
5.1. Were the procedures described in the WVDO Disaster Recovery CDBG Monitoring Plan and Procedures followed to resolve the liquidated damages issue?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
6. Have all labor compliance issues been resolved?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<b>8.4 LABOR FILES REVIEW - ONSITE ONLY</b>			
1. Do the Grantee/ Recipient/ Subrecipient's Labor Standards Files contain Contractor's License Number? (LA RS 38:2212 requires the LA Contractors License Number)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	



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Requirement	Response	Issue Type	Comments
2. Do the Grantee/ Recipient/ Subrecipient's Labor Standards Files contain evidence of apprenticeship/trainee registration & certification if apprentice/trainee rates were paid?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. Do the Grantee/ Recipient/ Subrecipient's Labor Standards Files contain complaints from workers, if any, and actions taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4. Do the Grantee/ Recipient/ Subrecipient's Labor Standards Files contain Supplementary Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
5. Do the Grantee/ Recipient/ Subrecipient's Labor Standards Files contain Labor Standards Enforcement Report?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
6. Do the Grantee/ Recipient/ Subrecipient's Labor Standards Files contain Notification of Underpayment or Withholding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
7. Do the Grantee/ Recipient/ Subrecipient's Labor Standards Files contain Wage Rate Determination?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
8. Do the Grantee/ Recipient/ Subrecipient's Labor Standards Files contain Payroll Documentation, to include the following: <ul style="list-style-type: none"> <li>• Payroll deduction authorizations</li> <li>• Contractor's/Subcontractor's New Employee Information Form</li> <li>• Fringe Benefit Verification</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

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**9. FINANCIAL MANAGEMENT****Requirements****Response****Issue Type****Comments**

**Description:** A Grantee/ Recipient/ Subrecipient's financial management system must ensure that all expenditures are reasonable and related to allowable activities, are in compliance with applicable laws, rules, and regulations, and are properly supported by appropriate documentation. Grantee/ Recipient/ Subrecipients must track and report each project separately.

**Monitoring Instructions:** Obtain an understanding of the Grantee/ Recipient/ Subrecipient's Financial Management Policies and Procedures. Review the total amount budgeted and total amount expended for the Project. Complete "Worksheet 3: Contractor Support Documentation/Allowable Costs Review" for all contractors reviewed.

**Documents Needed:**

- Policies and Procedures
- Project Budget Report
- Revenue/Expenditure Report (or "Financial Status Report")
- Chart of Accounts
- Bank Statement (Or other documentation required to review cash management)
- Most recent reconciliation
- Execute Worksheet 3 for each Contractor reviewed

**9.1 EXPENDITURE REVIEW**

1. Were indirect costs charged to the project?

☐ Yes  
☐ No

☐ N/A  
☐ Finding  
☐ Concern

1.1. If yes, did the Grantee/ Recipient/ Subrecipient submit a federally-approved Indirect Cost Plan to the WVDO?

☐ Yes  
☐ No  
☐ N/A

☐ N/A  
☐ Finding  
☐ Concern
2. Do the Project Delivery Costs fall within 15% of total project budget? *Notate the Project Budget, Project Costs, and Project Delivery Costs.*
☐ Yes  
☐ No  
☐ N/A

☐ N/A  
☐ Finding  
☐ Concern
**9.2 SUPPORT DOCUMENTATION/ALLOWABLE COSTS SUMMARY**1. Based on the completion of **WORKSHEET 3**, was all support documentation complete and costs allowable?
☐ Yes  
☐ No  
☐ N/A

☐ N/A  
☐ Finding  
☐ Concern
**9.3 CASH MANAGEMENT REVIEW**1. Has the Grantee/ Recipient/ Subrecipient minimized the time between funds receipt and disbursement? (Generally disbursed within 3 working days). *Notate the date funds were received from WVDO and the date the funds were disbursed to the contractor/Subrecipient*
☐ Yes  
☐ No  
☐ N/A

☐ N/A  
☐ Finding  
☐ Concern

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**9. FINANCIAL MANAGEMENT**

Requirements	Response	Issue Type	Comments																																												
<b>9.4 BUDGET TO ACTUAL RECONCILIATION REVIEW</b>																																															
<b>Instructions:</b> Review the Project Budget and the current expenditures. List items identified as Project Delivery Costs from Project Application under the heading labeled "3.1 Project Delivery Costs". List items identified as Project Costs from Project Application under the heading labeled "3.2 Project Costs". See Note 3 for a description of project costs verses project delivery costs.																																															
1. Total Project Budget:																																															
1.1. Budget Approval Date:																																															
2. Current Amount Expended:																																															
2.1. Reconciliation Date:																																															
<b>3. Budget/Actual Detail</b>	<b>Budgeted Amount</b>	<b>Actual Amount</b>	<table border="1"> <thead> <tr> <th>On Track?</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Finding</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Concern</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Finding</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Concern</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Finding</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Concern</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Finding</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Concern</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Finding</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Concern</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Finding</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Concern</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Finding</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Concern</td> </tr> </tbody> </table>	On Track?		<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input type="checkbox"/> Finding		<input type="checkbox"/> Concern	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input type="checkbox"/> Finding		<input type="checkbox"/> Concern	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input type="checkbox"/> Finding		<input type="checkbox"/> Concern	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input type="checkbox"/> Finding		<input type="checkbox"/> Concern	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input type="checkbox"/> Finding		<input type="checkbox"/> Concern	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input type="checkbox"/> Finding		<input type="checkbox"/> Concern	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input type="checkbox"/> Finding		<input type="checkbox"/> Concern
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<input type="checkbox"/> No	<input type="checkbox"/> Finding																																														
	<input type="checkbox"/> Concern																																														
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A																																														
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	<input type="checkbox"/> Concern																																														
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A																																														
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<input type="checkbox"/> Yes	<input type="checkbox"/> N/A																																														
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	<input type="checkbox"/> Concern																																														
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A																																														
<input type="checkbox"/> No	<input type="checkbox"/> Finding																																														
	<input type="checkbox"/> Concern																																														
3.1. Project Delivery Costs																																															
3.1.1.																																															
3.1.2.																																															
3.1.3.																																															
3.1.4.																																															
3.2. Project Costs																																															
3.2.1.																																															
3.2.2.																																															
3.2.3.																																															

**Note 3: Project Delivery Costs vs. Project Costs**

- Project Delivery Costs are used specifically to meet the requirements to complete a particular project, especially as it applies to meeting CDBG requirements. This would include such things as eligibility verification, environmental clearance, project monitoring, application development, etc.
- Project Costs are the direct costs of the project, such as the amount of the actual loan or grant provided, construction costs, etc.

Grantee/ Recipient/ Subrecipient:

Project ID:

Monitor:

Date Completed:

**10. SECTION 3 OF THE HUD ACT OF 1968****Requirements****Response****Issue Type****Comments**

**Description:** Section 3 of the Housing and Urban Development Act of 1968 [12 U.S.C. 1701u and 24 CFR Part 135] is HUD's legislative directive for providing preference to low- and very low-income residents of the local community (regardless of race or gender), and the businesses that substantially employ these persons, for new employment, training, and contracting opportunities resulting from HUD-funded projects. A "covered project" is a project for which Section 3 applies. "Covered funds" are those funds used to fund a "covered project".

**Section 3 Residents are:**

- Residents of Public and Indian Housing, or
- Individuals that reside in the metropolitan area or nonmetropolitan county in which the Section 3 covered assistance is expended and whose income does not exceed the local HUD income limits set forth for low- or very low-income households.

**Section 3 Business Concerns are One of the Following:**

- Businesses that are 51 percent or more owned by Section 3 residents;
- Businesses with 30 percent or more permanent, full-time employees whom are currently Section 3 residents, or were Section 3 residents within three years of the date of first employment; or
- Businesses that provide evidence of a commitment to subcontract in excess of 25 percent of the dollar amount of all subcontracts to be awarded to businesses that meet the qualifications described above.

**Monitoring Instructions:**

Complete the following questions by marking the appropriate box for "Yes", "No", or "N/A". As applicable, mark "N/A", "Finding" or "Concern" to identify any issues. Provide comments describing the basis for your response in the space provided.

**Required:**

- Knowledge of Grantee/ Recipient/ Subrecipient's total allocation and all project activities
- Executed Worksheet 1 for the contractor (or the applicable procurement solicitation)
- Contract
- Contractor's Section 3 Plan

1. Has the Grantee allocated \$200,000 or more DR-CDBG funds into projects/activities involving housing construction, demolition, rehabilitation, or other public construction—i.e., roads, sewers, community centers, etc.? (See the Core Checklist, Section 4.4.) <i>If no, the remaining questions within this Section are not applicable.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. After completing <b>Procurement and Contract Review (Worksheet 1, Procurement Requirements: Question 6.5)</b> for each contractor in the sample, was it determined that the Grantee included a Section 3 clause within the applicable procurement solicitations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. After completing <b>Procurement and Contract Review (Worksheet 1, Contract Requirements: Question 6.5)</b> for each contract in the sample, was it determined that the Grantee included a Section 3 clause within each of the applicable contracts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Grantee/ Recipient/ Subrecipient:

Project ID:

Monitor:

Date Completed:

**10. SECTION 3 OF THE HUD ACT OF 1968**

Requirements	Response	Issue Type	Comments
4. <b><u>New Hire Goal</u></b> – After completing the Section 3 Review (Worksheet 4, Question 10) for each contract within the sample, have any contractors hired employees to work on this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4.1 If Question 4 is “Yes”, were at least 30% of each contractors’ new hires Section 3 residents?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4.2 If Question 4.1 is “No”, has each contractor within the sample demonstrated that, to the greatest extent feasible, it has made an effort to ensure that the employment objectives of its Section 3 Plan(s) are met?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
5. <b><u>Contracting Goal</u></b> - After completing the Section 3 Review (Worksheet 4, Question 11) for each contract within the sample, has any contractor entered into any contracts to execute this Project?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
5.1 If Question 5 is “Yes”, did all contractors meet their Section 3 contracting goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
5.2 If Question 5.1 is “No”, has each contractor within the sample demonstrated that, to the greatest extent feasible, it has made an effort to ensure that the contracting objectives of its Section 3 Plan are met?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Grantee/ Recipient/ Subrecipient:

Project ID:

Monitor:

Date Completed:

**11. ENVIRONMENTAL REVIEW****Requirements****Response****Issue Type****Comments**

**Description:** Every project undertaken with DR CDBG funds is subject to the provisions of the National Environmental Policy Act of 1969 (NEPA), as well as the HUD environmental review regulations at 24 CFR Part 58. The Grantee/ Recipient/ Subrecipient is responsible for ensuring that an Environmental Review Record (ERR) is prepared for all activities associated with a project and environmental clearance is obtained prior to committing funds. No party involved with the project, including Grantee/ Recipient/ Subrecipients, may commit funds to the project, including incurring project costs, until the Grantee/ Recipient/ Subrecipient completes the appropriate environmental review and public notification process, and HUD approves a certification of compliance with environmental laws and request for release of funds from environmental conditions.

**Monitoring Instructions:** The Grantee/ Recipient/ Subrecipient is required to submit various documents to the WVDO throughout the establishment of the Environmental Review Record. The WVDO will issue a "Notice of Acceptance of Exemption" or "Notice of Release of Funds" once all environmental requirements have been satisfied. Complete the following questions by marking the appropriate box for Yes/No. Also note the date that the Notice was received and the date the first costs were obligated by the Grantee/ Recipient/ Subrecipient. As applicable, mark "N/A", "Finding", or "Concern" to identify any issues. Provide comments for your responses in the identified areas.

**Documents Needed:**

- The appropriate notice(s):
  - *Notice of Acceptance of Exemption* (if exempt)
  - *Notice of Release of Funds* (if excluded and subject to 24 CFR part 58.35(a) or not exempt or excluded)
  - *Certification of Categorical Exclusion* (if categorically excluded)
- Date first costs were obligated

1. Are policies and procedures in place mandating that an environmental review be conducted?

☐ Yes  
☐ No

☐ N/A  
☐ Finding  
☐ Concern

2. Are policies and procedures in place mandating that the proper Notice/Certification be obtained prior to commitment of funds (24 CFR 58.22)? *Note the date the Notice of Acceptance of Funds, Notice of Release of Funds or Certification of Categorical Exclusion was received and date first costs were obligated*

☐ Yes  
☐ No

☐ N/A  
☐ Finding  
☐ Concern

**11.1 ENVIRONMENTAL RECORDS – ONSITE ONLY**

1. Does the Grantee/ Recipient/ Subrecipient maintain a copy of the Environmental Record that includes and accurate description of the project/activity, including all documentation related to determination, findings, public notices, consultation letters, etc.?

☐ Yes  
☐ No

☐ N/A  
☐ Finding  
☐ Concern

2. Does the Grantee/ Recipient/ Subrecipient have a copy of the Release of Funds in the files?

☐ Yes  
☐ No

☐ N/A  
☐ Finding  
☐ Concern

3. Does the Grantee/ Recipient/ Subrecipient have proof of current NFIP flood insurance if the activity is a structure located in a flood zone?

☐ Yes  
☐ No

☐ N/A  
☐ Finding  
☐ Concern

Grantee/ Recipient/ Subrecipient:

Project ID:

Monitor:

Date Completed:

**12. ACQUISITION AND RELOCATION****Requirements****Response****Issue Type****Comments**

**Description:** If property is acquired and/or occupants are displaced as a result of project activities, the Grantee/ Recipient/ Subrecipient is required to abide by the requirements of the Uniform Relocation Act (URA), the Real Property Acquisition Act of 1970, as amended, and Section 104(d) of the Housing and Community Development Act of 1974 (HCDA) and the implementing regulations at 24 CFR Part 570.496(a). The URA's purpose is to establish a uniform policy for fair and equitable treatment of persons displaced as a result of federal and federally assisted programs. For additional information, refer to the WVDO Disaster Recovery CDBG Monitoring Plan and Procedures.

**Monitoring Instructions:** Review the Grantee/ Recipient/ Subrecipient's Acquisition/Relocation Log. Select two acquired properties that are subject to URA and two properties that are not subject to URA. If the Grantee/ Recipient/ Subrecipient has only acquired property that is subject to URA, select four of these properties, preferably with different relocation types (i.e., permanent, temporary, manufactured home, or business). Answer the appropriate sections of the following checklist based on the acquisition and relocation types. Complete the following questions as indicated. As applicable, mark "N/A", "Finding", or "Concern" to identify any issues. Provide comments for your responses in the identified areas.

**Documents Needed:**

- Acquisition/Relocation Log (including property addresses and acquisition type)
- For Selected Properties:
  - Address
  - Valuation or Appraisal (and review appraisal)
  - Statement of Just Compensation (only if acquisition is subject to URA)
  - Act of Sale
  - Statement of Settlement Costs
  - Deed (showing transfer to Grantee/ Recipient/ Subrecipient)
  - Proof of Purchase Price (canceled check)
  - Relocation Notices
  - Proof of Relocation Services Provided

<p>1. Was any land, including all the natural resources and permanent buildings on it ("real property"), acquired <u>or improved</u> (see note below) with DR CDBG funds? <i>If no, continue to Question 3. If yes, continue to Question 2.</i></p> <p><i>Note: CDBG funds spent on acquisition, rehabilitation, or new construction connected with a demolition project funded with non-federal funds must also comply with Section 104(d).</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>2. Were occupants displaced as a result of any of the project activities?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>3. If any real property (land, including all the natural resources and permanent buildings on it) was purchased, was it in excess of \$25,000? [24 CFR 570.505]</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

<p>3.1. Does the CEA/binding agreement explicitly list the use of the real property?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>3.2. Will the property be used by the Grantee/ Recipient/ Subrecipient to continue to meet one of the project's National Objectives for at least five years after the expiration of the CEA/binding agreement?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>4. Identify the type of project activity</p> <p><u>Activities Not Applicable to URA.</u> (Execute Section 12.1)</p> <ul style="list-style-type: none"> <li>• Acquisition from another public agency</li> <li>• Temporary Construction Servitudes of Easements</li> <li>• Leases for a duration less than 15 years (including any options to renew)</li> <li>• Voluntary Acquisition</li> <li>• Acquisition of Streets under LRS 48:49</li> </ul> <p><u>Activities Applicable to URA.</u> (Execute Section 12.2)</p> <ul style="list-style-type: none"> <li>• Acquisition of Specific Parcels of Property by Purchase</li> <li>• Acquisition by Private Entities</li> <li>• Purchases, Donations, Partial Donations</li> <li>• Additional Rights of Way – Street Projects</li> <li>• Leases for a duration of 15 years or longer, or less than 15 but are automatically renewable</li> <li>• Rehabilitation (No acquisition involved)</li> </ul>			



12.1 ACQUISITION NOT SUBJECT TO URA	Property 1	Property 2
<b>Instructions:</b> From the Acquisition Log, select two properties acquired that are not subject to URA to answer the following questions.		
1. Address of the acquired property (selected from Acquisition Log):		
2. How was the value of the property established?	<input type="checkbox"/> Appraisal <input type="checkbox"/> Written Valuation	<input type="checkbox"/> Appraisal <input type="checkbox"/> Written Valuation
3. Review the Appraisal and the Review Appraisal or the Written Evaluation. Compare these documents to the Act of Sale. Is the sale price of the property listed within the Act of Sale consistent with the stated value of the property? <i>Comments:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No  Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	<input type="checkbox"/> Yes <input type="checkbox"/> No  Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern
4. Based on information obtained for this review, did the Grantee/ Recipient/ Subrecipient carry out the acquisition process in a manner that minimized hardships to the owners, and was the Grantee/ Recipient/ Subrecipient consistent with its treatment of other owners? <i>Comments:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No  Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	<input type="checkbox"/> Yes <input type="checkbox"/> No  Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern

12.2 ACQUISITION SUBJECT TO URA	Property 3	Property 4
<b>Instructions:</b> Select two properties acquired that are subject to URA to answer the following questions.		
1. Address of the properties Subject to URA (selected from Relocation Log):		
2. Type of Property:	<input type="checkbox"/> Residential – Owned, Stick-Built (including modular) Home <input type="checkbox"/> Residential – Rental, Stick-Built (including modular) Home <input type="checkbox"/> Residential – Owned, Manufactured Home <input type="checkbox"/> Business	<input type="checkbox"/> Residential – Owned, Stick-Built (including modular) Home <input type="checkbox"/> Residential – Rental, Stick-Built (including modular) Home <input type="checkbox"/> Residential – Owned, Manufactured Home <input type="checkbox"/> Business
3. Were there occupants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Were the owner occupants or tenants displaced as a result of this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.1. If yes, which type of displacement occurred:	<input type="checkbox"/> Permanent (execute Section 12.3) <input type="checkbox"/> Temporary (execute Section 12.4)	<input type="checkbox"/> Permanent (execute Section 12.3) <input type="checkbox"/> Temporary (execute Section 12.4)
5. Was property rehabilitated with no acquisition involved? <i>If yes, continue to Section 12.3. If no, continue to Question 6.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Was an appraisal required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Review the Appraisal and the Review Appraisal or the Written Evaluation. Compare these documents to the Statement of Just Compensation. Is the sale price of the property listed within the Statement of Just Compensation consistent with the stated value of the property? <i>Comments:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No  Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	<input type="checkbox"/> Yes <input type="checkbox"/> No  Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern
8. Did the Grantee/ Recipient/ Subrecipient execute the following documents sequentially for the acquired property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.1. Preliminary Acquisition Notice <i>Date Sent to Owner:</i>		
8.2. Written Offer <i>Date Sent to Owner:</i>		
8.3. Notice of Eligibility for Relocation Assistance <i>Date Sent to Owner Occupants or Tenants:</i>		
8.3.1. Was the Notice of Eligibility for Relocation Assistance within the 30 days of submitting the Written Offer to the Owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.4. Act of Sale <i>Date Executed</i> <i>Comments:</i>	Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern

12.2 ACQUISITION SUBJECT TO URA	Property 3	Property 4
<p>9. Based on the available evidence, did the Grantee/ Recipient/ Subrecipient carry out the acquisition process in a manner that minimized hardships to the owners?</p> <p><i>Comments:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Issue Type</p> <p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Finding</p> <p><input type="checkbox"/> Concern</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Issue Type</p> <p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Finding</p> <p><input type="checkbox"/> Concern</p>

<b>12.2.1 RESIDENTIAL RELOCATION FILE REVIEW – ONSITE ONLY</b>	<b>Property 3</b>	<b>Property 4</b>
1. For each residential relocation claim, does the Grantee/ Recipient/ Subrecipient's Relocation File contain the following: <i>Comments:</i>	<i>DEPENDENT ON RESPONSES TO SUBQUESTIONS</i> <u>Issue Type</u> <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	<i>DEPENDENT ON RESPONSES TO SUBQUESTIONS</i> <u>Issue Type</u> <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern
1.1. Evidence and dates of personal contacts; and description of services provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.2. Identification of person, displacement property, racial/ethnic group classification, age and sex of all members of household, monthly rent and utility costs for displacement and replacement housing, type of enterprise, and relocation needs and preferences?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.3. Recipient Interview and Survey (Household Case Record form for replacement-housing needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.4. Identification of referrals to replacement properties, date of referral, sale price or rent/utility costs (if dwelling), date of availability, and reason(s) for declining referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.5. Identification of actual replacement property, sale price or rent/utility costs (if dwelling), and date of relocation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.6. Replacement dwelling inspection report; and date of inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.7. A copy of each approved claim form and related documentation; evidence that the person received payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.8. Copy of any appeal or complaint filed and recipient's response?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.9. Copy of deferred loan lien agreement that has been filed with the clerk of courts office?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.10. Acknowledgement of Receipt of Relocation Payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

12.3 RELOCATION BENEFITS - PERMANENT DISPLACEMENT	Property 3	Property 4
<b>EXECUTE THIS SECTION ONLY IF:</b> <ul style="list-style-type: none"> <li>Activity is subject to URA</li> <li>Property is not a manufactured home</li> <li>Owner Occupants or tenants were permanently displaced</li> </ul> <p>The Relocation Process undertaken for the property identified within Section 12.2, Question 1 should be used to answer the following questions.</p>		
1. Based on the property and displacement type, do occupants qualify to receive permanent displacement relocation benefits? <i>If yes, continue. If no, skip to Section 12.4</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Was the 90-day Notice to Vacate issued after the Notice of Displacement? 2.1. Notice of Displacement <i>Date Issued:</i> 2.2. 90-day Notice to Vacate <i>Date Issued:</i> <i>Comments:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No  Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	<input type="checkbox"/> Yes <input type="checkbox"/> No  Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern
3. Which type of Relocation Assistance was provided?	<input type="checkbox"/> Advisory Services <input type="checkbox"/> Relocation to a comparable unit <input type="checkbox"/> 180-day Homeowner Replacement Housing Payment <input type="checkbox"/> 90-day Tenant or Homeowner Rental Assistance Payment <input type="checkbox"/> 90-day Tenant or Homeowner Down Payment Assistance Payment <input type="checkbox"/> Moving Expenses	<input type="checkbox"/> Advisory Services <input type="checkbox"/> Relocation to a comparable unit <input type="checkbox"/> 180-day Homeowner Replacement Housing Payment <input type="checkbox"/> 90-day Tenant or Homeowner Rental Assistance Payment <input type="checkbox"/> 90-day Tenant or Homeowner Down Payment Assistance Payment <input type="checkbox"/> Moving Expenses

<b>12.3.1 RESIDENTIAL RELOCATION FILE REVIEW (BENEFITS) – ONSITE ONLY</b>	<b>Property 3</b>	<b>Property 4</b>
1. If <b>Relocation to a Comparable Unit</b> was provided, were at least three comparable dwellings made available to the displaced person?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. If a <b>180-day Homeowner Replacement Housing Payment</b> was made, did the Grantee/ Recipient/ Subrecipient follow the following steps? 2.1. Did the displaced person own and occupy the displacement dwelling for at least 180 days prior to the initiation of acquisition negotiations? 2.2. Did the displaced person purchase and occupy a comparable replacement dwelling prior to receiving payments? 2.3. Did the 180-day Homeowner Replacement Housing Payment exceed the maximum allowable payments?	DEPENDENT ON RESPONSES TO SUBQUESTIONS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No	DEPENDENT ON RESPONSES TO SUBQUESTIONS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
3. If a <b>90-day Tenant or Homeowner Rental Assistance Payment</b> was made, did the Grantee/ Recipient/ Subrecipient follow the following steps? 3.1. Did the displaced person own and occupy the displacement dwelling for at least 90 days prior to the initiation of acquisition negotiations? 3.2. Did the displaced person rent or purchase and occupy a comparable replacement dwelling prior to receiving payments? 3.3. Did the 90-day Tenant or Homeowner Rental Assistance Payment exceed the maximum allowable payments? 3.4. Did the displaced person file their relocation assistance form within 1 year of moving to their replacement dwelling? 3.5. Was the replacement rental unit selected by the displaced person inspected by the Grantee/ Recipient/ Subrecipient?	DEPENDENT ON RESPONSES TO SUBQUESTIONS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No	DEPENDENT ON RESPONSES TO SUBQUESTIONS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
4. If a <b>90-day Tenant or Homeowner Down Payment Assistance Payment</b> was made, did the Grantee/ Recipient/ Subrecipient follow the following steps? 4.1. Did the displaced person own and occupy the displacement dwelling for at least 90 days prior to the initiation of acquisition negotiations? 4.2. Did the displaced person file a down payment assistance form with the Grantee/ Recipient/ Subrecipient? 4.3. Did the 90-day Homeowner Down Payment Assistance Payment exceed the maximum allowable payments?	DEPENDENT ON RESPONSES TO SUBQUESTIONS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No	DEPENDENT ON RESPONSES TO SUBQUESTIONS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
5. If <b>Moving Expenses</b> were paid, did the Grantee/ Recipient/ Subrecipient ensure that all expenses were reasonable and eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. If <b>Advisory Services</b> were provided, did the Grantee/ Recipient/ Subrecipient follow the following steps? 6.1. Did the Grantee/ Recipient/ Subrecipient provide information about the upcoming project and the earliest date they will have to vacate the property 6.2. Did the Grantee/ Recipient/ Subrecipient provide a complete explanation of their eligibility for relocation benefits? 6.3. Did the Grantee/ Recipient/ Subrecipient provide assistance in understanding their best alternatives? 6.4. Did the Grantee/ Recipient/ Subrecipient provide assistance in following the required procedures to receive payments? 6.5. Did the Grantee/ Recipient/ Subrecipient provide current information on the availability and cost to purchase or rent suitable replacement locations?	DEPENDENT ON RESPONSES TO SUBQUESTIONS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No	DEPENDENT ON RESPONSES TO SUBQUESTIONS <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>12.3.1 RESIDENTIAL RELOCATION FILE REVIEW (BENEFITS) – ONSITE ONLY</b>	<b>Property 3</b>	<b>Property 4</b>
6.6. Did the Grantee/ Recipient/ Subrecipient provide assistance, including referrals, to help the business obtain an alternative location and become reestablished?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.7. Did the Grantee/ Recipient/ Subrecipient provide referrals to state or federal programs that may help the business reestablish and apply for funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.8. Did the Grantee/ Recipient/ Subrecipient provide assistance in completing relocation claim forms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

12.4 RELOCATION BENEFITS - TEMPORARY DISPLACEMENT	Property 3	Property 4
<b>EXECUTE THIS SECTION ONLY IF:</b> <ul style="list-style-type: none"> <li>Acquisition activity is subject to URA</li> <li>Property is a Stick-Built (including modular) Home</li> <li>Owner Occupants or tenants were temporarily displaced</li> </ul>		
The Relocation Process undertaken for the property identified within Section 12.2, Question 1 should be used to answer the following questions.		
1. Based on the property and displacement type, do occupants qualify to receive permanent displacement relocation benefits? <i>If yes, continue. If no, go to Section 12.5.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Was the owner temporarily displaced as a result of this project? 2.1. Did the Grantee/ Recipient/ Subrecipient provide assistance to an owner-occupant who voluntarily participated in a housing rehabilitation program? 2.2. If yes, was the owner faced with a "hardship" as described within the Grantee/ Recipient/ Subrecipient's URA policy? <i>Comments:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern
3. Was a tenant temporarily displaced as a result of this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Was the Temporary Notice issued after the Notice of Non-displacement? 4.1. Notice of Non-displacement <i>Date Issued:</i>  4.2. Temporary Relocation Notice <i>Date Issued:</i> <i>Comments:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No   Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	<input type="checkbox"/> Yes <input type="checkbox"/> No   Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern
5. Which type of Relocation Assistance was provided to the tenant?	<input type="checkbox"/> Appropriate advisory services <input type="checkbox"/> Reimbursement for all reasonable out-of-pocket expenses	<input type="checkbox"/> Appropriate advisory services <input type="checkbox"/> Reimbursement for all reasonable out-of-pocket expenses



12.5 RELOCATION BENEFITS - BUSINESS DISPLACEMENT	Property 3	Property 4
<b>ONLY EXECUTE THIS SECTION IF:</b> <ul style="list-style-type: none"> <li>Acquisition activity is subject to URA</li> <li>Property is a Business</li> </ul> <p>The Relocation Process undertaken for the property identified within Section 12.2, Question 1 should be used to answer the following questions.</p>		
1. Based on the property and displacement type, do occupants qualify to receive permanent displacement relocation benefits? <i>If yes, continue. If no, skip to Section 12.6</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Was the Notice of Relocation Eligibility issued after the General Information Notice? 2.1. General Information Notice <i>Date Notice Issued:</i> 2.2. Notice of Relocation Eligibility <i>Date Notice Issued:</i> <i>Comments:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No  Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	<input type="checkbox"/> Yes <input type="checkbox"/> No  Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern
3. Did the Notice of Relocation Eligibility meet the following requirements? 3.1. Inform the business of the effective date of their eligibility 3.2. Describe the assistance available and procedures 3.3. If necessary, a 90-day Notice to Move may be sent after the initiation of negotiations. 3.4. The business must be told as soon as possible that they are required to: <ul style="list-style-type: none"> <li>Allow inspections of both the current and replacement sites by the Grantee/ Recipient/ Subrecipient's representatives, under reasonable terms and conditions;</li> <li>Keep the Grantee/ Recipient/ Subrecipient informed of their plans and schedules;</li> <li>Notify the Grantee/ Recipient/ Subrecipient of the date and time they plan to move (unless this requirement is waived); and,</li> <li>Provide the Grantee/ Recipient/ Subrecipient with a list of the property to be moved or sold.</li> </ul>	DEPENDENT ON RESPONSES TO SUBQUESTIONS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No  Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	DEPENDENT ON RESPONSES TO SUBQUESTIONS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No  Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern
4. Which type of Relocation Assistance was provided? (Mark all that apply.)	<input type="checkbox"/> Advisory Services <input type="checkbox"/> Direct Loss Payment <input type="checkbox"/> Substitute Equipment Payment <input type="checkbox"/> Replacement Location Search Expense <input type="checkbox"/> Reimbursement of Actual Moving Expenses <input type="checkbox"/> Other Moving and Related Expenses <input type="checkbox"/> Reestablishment Expenses <input type="checkbox"/> Fixed Payments	<input type="checkbox"/> Advisory Services <input type="checkbox"/> Direct Loss Payment <input type="checkbox"/> Substitute Equipment Payment <input type="checkbox"/> Replacement Location Search Expense <input type="checkbox"/> Reimbursement of Actual Moving Expenses <input type="checkbox"/> Other Moving and Related Expenses <input type="checkbox"/> Reestablishment Expenses <input type="checkbox"/> Fixed Payments

12.5.1 BUSINESS RELOCATION FILE REVIEW (BENEFITS) – ONSITE ONLY	Property 3	Property 4
<p>1. If <b>Advisory Services</b> were provided, did the Grantee/ Recipient/ Subrecipient follow the following steps?</p> <p>1.1. Did the Grantee/ Recipient/ Subrecipient provide information about the upcoming project and the earliest date they will have to vacate the property</p> <p>1.2. Did the Grantee/ Recipient/ Subrecipient provide a complete explanation of their eligibility for relocation benefits?</p> <p>1.3. Did the Grantee/ Recipient/ Subrecipient provide assistance in understanding their best alternatives?</p> <p>1.4. Did the Grantee/ Recipient/ Subrecipient provide assistance in following the required procedures to receive payments?</p> <p>1.5. Did the Grantee/ Recipient/ Subrecipient provide current information on the availability and cost to purchase or rent suitable replacement locations?</p> <p>1.6. Did the Grantee/ Recipient/ Subrecipient provide assistance, including referrals, to help the business obtain an alternative location and become reestablished?</p> <p>1.7. Did the Grantee/ Recipient/ Subrecipient provide referrals to state or federal programs that may help the business reestablish and apply for funds?</p> <p>1.8. Did the Grantee/ Recipient/ Subrecipient provide assistance in completing relocation claim forms?</p>	<p>DEPENDENT ON RESPONSES TO SUBQUESTIONS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>DEPENDENT ON RESPONSES TO SUBQUESTIONS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. If a <b>Direct Loss Payment</b> was made, was the Payment made to cover only one of the following? <i>Notate the covered expense.</i></p> <ul style="list-style-type: none"> <li>• Losses associated with personal property that would not be moved</li> <li>• Losses associated with discontinuing the business, nonprofit or farm?</li> </ul>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>3. If a <b>Direct Loss Payment</b> was made, was the Payment based on the lesser of the following? <i>Notate the calculation used.</i></p> <ul style="list-style-type: none"> <li>• The fair market value of the item for continued use at the displacement site, minus the proceeds from the sale</li> <li>• The estimated cost to move the item, with no allowance for the following: storage, or reconnecting a piece of equipment if the equipment is in storage or not being used at the acquired site. If the business is discontinuing, the cost to move is based on a moving distance of 50 miles.</li> </ul>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>4. If a <b>Substitute Equipment Payment</b> was made, was the Payment made to cover pay for an item used by the business, nonprofit, or farm is left in place, but promptly replaced with a substitute item that performs a comparable function at the new site?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>5. If <b>Replacement Location Search Expenses</b> were paid, did Grantee/ Recipient/ Subrecipient ensure that costs were reasonable?</p> <p><i>Costs may include: Transportation, meals and lodging away from home, time spent while searching, based on a reasonable pay salary or earnings, and Fees paid to a real estate agent or broker while searching for the site.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>6. If <b>Reimbursement of Actual Moving Expenses</b> were paid, did the Grantee/ Recipient/ Subrecipient ensure that costs were eligible, reasonable and necessary?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>

<b>12.5.1 BUSINESS RELOCATION FILE REVIEW (BENEFITS) – ONSITE ONLY</b>	<b>Property 3</b>	<b>Property 4</b>
7. If <b>Other Moving and Related Expenses</b> were paid, did the Grantee/ Recipient/ Subrecipient ensure that costs were eligible, reasonable and necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. If <b>Other Moving and Related Expenses</b> were paid to move low value, high bulk items, did the Grantee/ Recipient/ Subrecipient ensure that the allowable moving cost payment did not exceed the lesser of: a. The amount which would be received if the property were sold at the site; or, b. The replacement cost of a comparable quantity delivered to the new business location.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9. If <b>Reestablishment Expenses</b> were paid, does the business qualifying for the reestablishment expenses qualify as a small business? <i>"Small Businesses" for this purpose are defined as those with at least one and no more than 500 people working at the project site.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10. If <b>Reestablishment Expenses</b> were paid, did the Reestablishment Expenses exceed \$10,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11. If <b>Fixed Payments</b> were paid, were the following criteria met? 11.1. Was the HUD Form 40056 (or equivalent) submitted? 11.2. Is the Fixed Payment between \$1,000 and \$20,000 11.3. Does the business meet the eligibility criteria?	DEPENDENT ON RESPONSES TO SUBQUESTIONS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	DEPENDENT ON RESPONSES TO SUBQUESTIONS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

12.6 RELOCATION BENEFITS - MANUFACTURED HOMEOWNER DISPLACEMENT	Property 3	Property 4
<p><b>ONLY EXECUTE THIS SECTION IF:</b></p> <ul style="list-style-type: none"> <li>Acquisition activity is subject to URA</li> <li>Property is a Manufactured Home</li> </ul> <p>The Relocation Process undertaken for the property identified within Section 12.2, Question 1 should be used to answer the following questions.</p>		
1. Based on the property and displacement type, do occupants qualify to receive permanent displacement relocation benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Was the 90-day Notice to Vacate issued after the Notice of Displacement? 2.1. Notice of Displacement <i>Date Issued</i> 2.2. 90-day Notice to Vacate <i>Date Issued</i>	Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern
3. Which type of Relocation Assistance was provided?	<input type="checkbox"/> Homepad Rental Assistance <input type="checkbox"/> Replacement Housing Assistance <input type="checkbox"/> Costs to Move a Manufactured Home	<input type="checkbox"/> Homepad Rental Assistance <input type="checkbox"/> Replacement Housing Assistance <input type="checkbox"/> Costs to Move a Manufactured Home

Grantee/ Recipient/ Subrecipient:

Project ID:

Monitor:

Date Completed:

**13. PROPERTY MANAGEMENT****Requirements**

**Description:** If Disaster Recovery CDBG funds are used to acquire personal property, the Grantee/ Recipient/ Subrecipient is responsible for ensuring:

- The property continues to be used for its intended (and approved) purposes;
- Property records are maintained to keep track of the property;
- Measures are in place to safeguard and protect the property, and
- If the property is sold, proper disposition procedures are followed.

**Monitoring Instructions:** Review the Grantee/ Recipient/ Subrecipient's Property Control Tracking Log and complete the following questions as indicated.

**Documents Needed:**

- Property Control Tracking Log (including evidence of the most recent inventory)
- Notification to the WVDO if property has been disposed of

1. Has any equipment been acquired through the use of DR CDBG funds to administer/implement this project? <i>If yes, continue. If no, skip to Section 13. Monitoring.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. Are the policies and procedures sufficient to adequately identify CDBG property and assets and maintain the appropriate property? (i.e., Property Tags, Inventory Listing, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. Is there evidence that a physical inventory was conducted within the last year and that the results reconcile with property records?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4. Does the Grantee/ Recipient/ Subrecipient's Control Tracking Log contain the following fields? <ul style="list-style-type: none"> <li>• Property Description</li> <li>• Identification Number</li> <li>• Funding Source</li> <li>• Title Holder</li> <li>• Acquisition date and cost</li> <li>• Federal share of cost</li> <li>• Location</li> <li>• Use</li> <li>• Condition</li> <li>• Unit acquisition cost</li> <li>• Disposition data (if applicable)</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
5. Is there evidence of a disposal of equipment/property that was purchased with CDBG Disaster Recovery funds? If yes, was the disposal completed in accordance with CDBG requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

### 13.1 PROPERTY MANAGEMENT FILE REVIEW – ONSITE ONLY

Requirement	Response	Issue Type	Comments
<b>Instructions:</b> Select a random sample of the property acquired to implement this project (from the Grantee/ Recipient/ Subrecipient's tracking log) using the transaction-based sampling. Identify the property selected within Question 1. Answer Question 2 for each piece of property selected within the sample within the column that coordinates with the Project identified within Question 1.			
<ul style="list-style-type: none"> <li>If 50 – 99 pieces of property have been acquired, select 10</li> <li>If 100 -199 pieces of property have been acquired, select 20</li> <li>If 200 or more pieces of equipment have been acquired, select 65</li> </ul>			
<ul style="list-style-type: none"> <li>If 50 – 99 pieces of property have been acquired, select 10</li> <li>If 100 -199 pieces of property have been acquired, select 20</li> <li>If 200 or more pieces of equipment have been acquired, select 65</li> </ul>			
1. Property Sample Data	N/A	N/A	N/A
A. Notate Property ID Number	#	N/A	
B. Notate Property ID Number	#	N/A	
C. Notate Property ID Number	#	N/A	
D. Notate Property ID Number	#	N/A	
E. Notate Property ID Number	#	N/A	
2. Does the Grantee/ Recipient/ Subrecipient's Control Tracking Log contain the following data for the property within the property sample? (Mark an X for each piece of property within sample.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
<b>PROPERTY ID</b> (from Question 1)	A B C D E	N/A	N/A
2.1. Property Description	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2.2. Funding Source	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2.3. Title Holder	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2.4. Acquisition date	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2.5. Cost	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2.6. Federal Share of Cost	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2.7. Location	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2.8. Use	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2.9. Condition	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2.10. Unit acquisition cost	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2.11. Disposition date (if applicable)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

**13.1 PROPERTY MANAGEMENT FILE REVIEW – ONSITE ONLY**

Requirement	Response	Issue Type	Comments
3. Review the Property Control Tracking Log. Has any equipment that was purchased for this project been disposed of? <i>If yes, continue to Question 3.1. If no, continue to Question 4.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3.1. Is there support for the Grantee/ Recipient/ Subrecipient notifying the WVDO prior to disposal of the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3.2. Was the current per-unit fair market value greater than \$5,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3.3. If yes, was the Grantee/ Recipient/ Subrecipient compensation calculated correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3.4. Were the net proceeds from the sale considered as program income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4. Is there evidence that a physical inventory of the property has been performed within the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
5. Is there evidence that the Property Control Tracking Log is being maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	





Grantee/ Recipient/ Subrecipient:

Project  
ID:

Monitor:

Date  
Completed:

#### 14. LEAD-BASED PAINT, ASBESTOS, AND MOLD

Requirement	Response	Issue Type	Comments
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**Description:** Legislation implemented by HUD requires Grantee/ Recipient/ Subrecipients to ensure that potential lead-based paint hazards are disclosed to owners or tenants of residential property and identified lead-based paint hazards are dealt with accordingly. Worker exposure to, abatement, and disposal of asbestos and mold detection and remediation must be performed in accordance to applicable federal, state, and local requirements.

**Monitoring Instructions:** Review the Grantee/ Recipient/ Subrecipient's records of inspections, evaluations or assessments, clearance reports and abatement, remediation and maintenance activities regarding lead-based paint, asbestos and mold. Complete the following questions as indicated. As applicable, mark "N/A", "Finding", or "Concern" to identify any issues. Provide comments for your responses in the identified areas.

**Documents Needed:**

- Binding Agreement executed between the Grantee/ Recipient/ Subrecipient and the WVDO (including any amendments and task orders)
- Lead-Based Paint Evaluation or Assessment
- Lead-Hazard Clearance Report
- Grantee/ Recipient/ Subrecipient's documentation that owners are providing tenants appropriate Lead-based paint pamphlets and disclosure statements
- Asbestos statutory checklist
- Mold inspection

##### 14.1 LEAD-BASED PAINT HAZARD MITIGATION

1. Is construction involved with the project? <i>If yes, continue. If no, activities are exempt from lead-based paint requirements and completion of this Section of the checklist is not required.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
1.1. If yes, are structures built prior to January 1, 1978 included within the project activities? <i>If yes, continue. If no, activities are exempt from lead-based paint requirements and completion of this Section of the checklist is not required.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. Was the appropriate evaluation or assessment conducted for this housing project or activity? ( <b>Lead Safe Housing Rule</b> ) Note the evaluation or assessment method used (Visual Assessment, Paint Testing, Risk Assessment, Paint Inspection, Lead Hazard Screen)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. Was lead hazard remediation required? If so, notate the method used (abatement, interim controls, standard treatments).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4. Were Lead-safe work practices employed during Lead Hazard Reduction, rehabilitation, and maintenance work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Grantee/ Recipient/ Subrecipient:

Project  
ID:

Monitor:

Date  
Completed:

14. LEAD-BASED PAINT, ASBESTOS, AND MOLD			
Requirement	Response	Issue Type	Comments
4.1. If not, were they exempt?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
5. Was a clearance report provided for maintenance work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<b>14.2 LEAD-BASED PAINT DISCLOSURE</b>			
1. Are housing activities associated with the project? <i>If yes, continue. If no, skip to Section 15</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. If yes, are structures built prior to January 1, 1978 included within the project activities? <i>If yes, continue. If no, activities are exempt from lead-based paint requirements and completion of this Section of the checklist is not required.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. Is Grantee/ Recipient/ Subrecipient ensuring that tenants are provided with the Lead Hazard Information Pamphlet or an EPA-approved equivalent?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4. Is Grantee/ Recipient/ Subrecipient ensuring that tenants are provided a disclosure form prior to signing a lease?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<b>14.3 ASBESTOS AND MOLD</b>			
1. Is renovation or demolition involved with the project?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. Were structures inspected prior to performing any renovation or demolition activities to determine the presence of asbestos?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. Were Clean Air Act and Occupational Safety and Health Administration regulations employed if asbestos was found or disturbed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4. Were structures inspected prior to performing any renovation or demolition activities to determine the presence of mold?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

# *West Virginia Development Office*

## Exhibit 4a

### *Supplemental Worksheets for Project Checklist*

*Revised March  
1, 2017*

The following Worksheets are to be used in conjunction with the WVDO Compliance Monitoring Project Checklist to review the procurement, contracting, labor and financial management compliance.

#### **Contents**

WORKSHEET 1: PROCUREMENT AND CONTRACT  
REVIEW WORKSHEET 2: CONTRACTOR LABOR  
REVIEW  
WORKSHEET 3: CONTRACTOR SUPPORT DOCUMENTATION/ALLOWABLE COSTS  
REVIEW WORKSHEET 4: SECTION 3 COMPLIANCE

#### **Monitoring Instructions:**

1. Select contractors/contracts to be reviewed.
  - a. Select 10% or a minimum of two contractors/contracts.
  - b. If issues are found within the selected sample, broaden the sample to include additional contractors/contracts.
  - c. Document the reasoning for adjusting the sample size, if applicable.
2. Execute each of the Worksheets for each contractor within the sample as described within each Worksheet.

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## WORKSHEET 1: PROCUREMENT AND CONTRACT REVIEW

Grantee/ Recipient/ Subrecipient:

Project ID:

Monitor:

Date Completed:

Contractor:

### Requirements

Response Issue Type Comments

**Monitoring Instructions:** Review the Grantee/ Recipient/ Subrecipient's Procurement Policies and Procedures. Then, answer each question as directed and mark "N/A", "Finding", or "Concern" to identify any issues, as applicable. Provide comments for your responses in the identified areas. References and guidance are provided throughout this checklist section and should be used to help the Monitor determine if the standards are being met by the Grantee/ Recipient/ Subrecipient.

*THIS WORKSHEET SHOULD BE COMPLETED FOR EACH CONTRACT WITHIN THE SELECTED SAMPLE.*  
Once all Worksheets are completed, execute Section 7 of the WVDO PIPP Compliance Monitoring Project Checklist.

### Documents Needed (For each procurement/contract reviewed):

- Solicitation
  - Any submitted questions and the responses to those questions
  - Advertisement
  - Written evaluation or Score Sheet
- Proposals, Statement of Qualifications, Bids, Quotes, etc.
- Cost/Price Analysis
- Notice of Contract Award
- Contract
- Wage Determination, if applicable
- Documentation of Bid Opening Date, if applicable

### Procurement Overview

1. Identify the Procurement Type (Small Purchase, Sealed Bid, Competitive Proposals, or Non-Competitive Proposals)	N/A	N/A	
2. Were any disputes related to procurement actions received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2.1. If yes, were the disputes handled, resolved and disclosed? [24 CFR 85.36(b)(12); 24 CFR 84.84; 2 CFR 200.318(k)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. Is there evidence that the procurement was conducted using "open and free competition," unless an exception applies? [24 CFR 85.36(c); 24 CFR 84.84; 2 CFR 200.319]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4. Is there evidence that a Notice of Contract Award has been sent to the WVDO within 30 days of award for all prime construction contracts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
5. If procured through the Sealed-Bid Method, was the contract awarded within the time frame established in State Bid Law? (45 days; time frame may be extended in 30-day increments by mutual consent.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

## WORKSHEET 1: PROCUREMENT AND CONTRACT REVIEW

Grantee/ Recipient/ Subrecipient:

Project ID:

Monitor:

Date Completed:

Contractor:

### Requirements

#### SMALL PURCHASE REQUIREMENTS

6. For the **Small Purchase** method (an option when services are less than \$100,000 and supplies are less than \$30,000), is there evidence of a minimum of three quotes received by phone, fax or mail?

☐ Yes  
☐ No  
☐ N/A

☐ N/A  
☐ Finding  
☐ Concern

7. For the **Small Purchase** method (an option when services are less than \$150,000 and supplies are less than \$30,000), is there evidence of documentation for basis of selection?

☐ Yes  
☐ No  
☐ N/A

☐ N/A  
☐ Finding  
☐ Concern

8. For the **Small Purchase** method (an option when services are less than \$100,000 and supplies are less than \$30,000), is there evidence of justification for acquisition of the services, supplies or equipment?

☐ Yes  
☐ No  
☐ N/A

☐ N/A  
☐ Finding  
☐ Concern

#### COMPETITIVE NEGOTIATION -RFP REQUIREMENTS

9. For the **Competitive Negotiation** method using "**Requests for Proposals**", is there evidence of the Request for Proposal?

☐ Yes  
☐ No  
☐ N/A

☐ N/A  
☐ Finding  
☐ Concern

10. For the **Competitive Negotiation** method using "**Requests for Proposals**", is there evidence of that the RFP was publicized?

☐ Yes  
☐ No  
☐ N/A

☐ N/A  
☐ Finding  
☐ Concern

11. For the **Competitive Negotiation** method using "**Requests for Proposals**", is there evidence that Proposals and copies of proposals were received timely?

☐ Yes  
☐ No  
☐ N/A

☐ N/A  
☐ Finding  
☐ Concern

12. For the **Competitive Negotiation** method using "**Requests for Proposals**", is there evidence that a written evaluation of each proposal was performed?

☐ Yes  
☐ No  
☐ N/A

☐ N/A  
☐ Finding  
☐ Concern

13. For the **Competitive Negotiation** method using "**Requests for Proposals**", is there evidence costs were analyzed for reasonableness to avoid unnecessary and duplicative purchases? [24 CFR 85.36(f); 2 CFR 200.323]

☐ Yes  
☐ No  
☐ N/A

☐ N/A  
☐ Finding  
☐ Concern

14. For the **Competitive Negotiation** method using "**Requests for Proposals**", is there evidence that the selection process was thorough and uniform and the criteria and point system identified in the RFP was used to make the selection?

☐ Yes  
☐ No  
☐ N/A

☐ N/A  
☐ Finding  
☐ Concern



## WORKSHEET 1: PROCUREMENT AND CONTRACT REVIEW

**Grantee/ Recipient/ Subrecipient:** \_\_\_\_\_ **Project ID:** \_\_\_\_\_ **Monitor:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_

Requirements	Response	Issue Type	Comments
15. For the <b>Competitive Negotiation</b> method using <b>"Requests for Proposals"</b> , is there evidence of documentation of the reason for rejecting any or all proposals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
16. For the <b>Competitive Negotiation</b> method using <b>"Request for Proposals"</b> , is there evidence that sufficient records were maintained detailing the procurement history? <i>The records must include but not limited to:</i> <ul style="list-style-type: none"> <li>• Rationale for the method of procurement</li> <li>• Selection of contract type</li> <li>• Contractor selection or rejection</li> <li>• The basis for the contract price</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
17. For the <b>Competitive Negotiation</b> method using <b>"Request for Proposals"</b> , is there evidence that a contract administration system is being maintained to monitor the contractor's performance against terms, conditions and specifications of their contracts or purchase orders?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<b>COMPETITIVE NEGOTIATION – RFQ REQUIREMENTS</b>			
18. For the <b>Competitive Negotiation</b> method using <b>"Statements of Qualifications"</b> , is there evidence of a copy of the Request for Qualifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
19. For the <b>Competitive Negotiation</b> method using <b>"Statements of Qualifications"</b> , is there evidence that the RFQ was publicized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
20. For the <b>Competitive Negotiation</b> method using <b>"Statements of Qualifications"</b> , is there evidence that Statements of qualifications were received timely?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
21. For the <b>Competitive Negotiation</b> method using <b>"Statements of Qualifications"</b> , is there evidence that a written evaluation of each statement was performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
22. For the <b>Competitive Negotiation</b> method using <b>"Statements of Qualifications"</b> , is there evidence of documentation of the reason for rejecting any or all RFQs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

## WORKSHEET 1: PROCUREMENT AND CONTRACT REVIEW

Grantee/ Recipient/ Subrecipient: \_\_\_\_\_ Project ID: \_\_\_\_\_ Monitor: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Contractor: \_\_\_\_\_

Requirements	Response	Issue Type	Comments
23. For the <b>Competitive Negotiation</b> method using "Statements of Qualifications", is there evidence that costs were analyzed for reasonableness to avoid unnecessary and duplicative purchases? [24 CFR 85.36 (f); 2 CFR 200.323]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
24. For the <b>Competitive Negotiation</b> method using "Statements of Qualifications", is there evidence of that the selection process was thorough and uniform and the criteria and point system identified in the Request for Qualification Statements was used to make the selection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<b>NON-COMPETITIVE NEGOTIATION</b>			
25. For the <b>Non-competitive Negotiation</b> method, is there evidence of prior approval from the WVDO if used to procure services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
26. For the <b>Non-competitive Negotiation</b> method, is there evidence of the rationale for using this procurement method meets the requirements of 24 CFR 85.36 (d)(4)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
27. For the <b>Non-competitive Negotiation</b> method, is there evidence of justification for services provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
28. For the <b>Non-competitive Negotiation</b> method, is there evidence that costs were reviewed for reasonableness to avoid unnecessary and duplicative purchase? [24 CFR 85.36; 24 CFR 84.45, 84.84; 2 CFR 200.320 (f)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<b>SEALED-BID REQUIREMENTS</b>			
29. For the <b>Sealed-Bid</b> method, is there evidence that final plans, specifications, and cost estimates (for construction only) were submitted to the WVDO prior to advertising for bids?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
30. For the <b>Sealed-Bid</b> method, is there evidence that an advertisement for bids ("invitation for bids") was published once a week for three weeks with the first ad appearing at least 25 days prior to bid opening?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
31. For the <b>Sealed-Bid</b> method, is there evidence that the Public bid opening occurred at the time and place set in the advertisement for bids?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	



## WORKSHEET 1: PROCUREMENT AND CONTRACT REVIEW

**Grantee/ Recipient/ Subrecipient:** \_\_\_\_\_ **Project ID:** \_\_\_\_\_ **Monitor:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_

Requirements	Response	Issue Type	Comments
32. For the <b>Sealed-Bid</b> method, is there evidence that the procurement solicitation contained an "Effective Wage Decision", if applicable? <i>Only applicable if construction-related services (including demolition where construction is anticipated) were procured and no labor standard exception requirements were met.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
33. For the <b>Sealed-Bid</b> method, is there evidence that wage decisions (dated no more than 10 days prior to bid opening) included in all requests and advertisements for bids?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
34. For the <b>Sealed-Bid</b> method, is there evidence that minutes of the bid opening were maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
35. For the <b>Sealed-Bid</b> method, is there evidence that a review of each bid was performed (tabulation of bids)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
36. For the <b>Sealed-Bid</b> method, is there documentation of the reason for rejecting any or all bids?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
37. For the <b>Sealed-Bid</b> method, is there evidence that the lowest responsible bidder was selected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
38. For Procurements for <b>Construction-related services</b> , does the project meet one or more of the Labor Standard exception requirements? <i>If yes, notate the requirement identified below, but mark N/A for questions 40-44.</i> <ul style="list-style-type: none"> <li>• Construction contracts at or below \$2,000</li> <li>• Rehabilitation or construction of residential structures containing less than eight units;</li> <li>• Simple water and sewer line extensions without pumps, tanks, etc. may also be exempt;</li> <li>• Separate and distinct projects. Contact the WVDO for guidance;</li> <li>• Contracts solely for demolition, when no federally-funded construction is anticipated on the site</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
39. For Procurements for <b>Construction-related services</b> , were effective wage decisions included in all requests and advertisements, as applicable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

## WORKSHEET 1: PROCUREMENT AND CONTRACT REVIEW

**Grantee/ Recipient/ Subrecipient:** \_\_\_\_\_ **Project ID:** \_\_\_\_\_ **Monitor:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_

Requirements	Response	Issue Type	Comments
40. For Procurements for <b>Construction-related services</b> , did the procurement advertisement include a requirement that the Contractor and subcontractors are responsible for compliance with the applicable Nondiscrimination, Equal Employment Opportunity, and Affirmative Action in Employment Requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
41. For Procurements for <b>Construction-related services</b> , did the procurement advertisement include a requirement that the contractor awarded the contract will undertake affirmative efforts to hire women's business enterprises, minority firms, labor surplus firms and disadvantaged business enterprise? [24 CFR 85.36(e); 24 CFR 84.84; 2 CFR 200.321]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
42. For Procurements for <b>Construction-related services</b> , did the procurement advertisement state that the Contractor and subcontractors are responsible for compliance with the provisions of Section 3 of the Housing and Urban Development Act of 1968?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
43. For Procurements for <b>Construction-related services</b> , did the procurement advertisement include a requirement that the Contractor and subcontractors are responsible for compliance with the provisions of Section 503/504 of the Rehabilitation Act of 1973, as amended?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

### Isaac Only

Grantees implementing projects utilizing funding from the Hurricane Isaac allocation are required to meet these guidelines.

44. Does the project include new construction of a residential building or a replacement of a substantially damaged residential building? 44.1. If yes, proceed to <i>Step 46</i> . 44.2.If no, proceed to <i>Step 48</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
45. Was construction of the residential building complete, under construction, or under contract prior to the date assistance was provided? 45.1.If yes, proceed to <i>Question 48</i> . 45.2.If no, proceed to <i>Question 47</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

## WORKSHEET 1: PROCUREMENT AND CONTRACT REVIEW

**Grantee/ Recipient/ Subrecipient:** \_\_\_\_\_ **Project ID:** \_\_\_\_\_ **Monitor:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_

Requirements	Response	Issue Type	Comments
46. Is there evidence that the Grantee verified that the construction achieved certification under at least one approved green program? Indicate program (i.e., <i>ENERGY STAR</i> , <i>Enterprise Green Communities</i> , <i>LEED</i> , <i>ICC-700 National Green Building Standard</i> , <i>EPA Indoor AirPlus</i> or any other equivalent comprehensive green building program).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
47. Has the Grantee verified construction follows the guidelines for the Green Building Retrofit Checklist. (This question is not applicable if Question 47 is applicable.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<b>Contract Requirements</b>			
1. Identify the Contract Type: (Purchase Order, Fixed Price, Cost Reimbursement, or Time and Material)	N/A	N/A	
1.1. If a "time and material" type contract is used, was a determination made that no other contract is suitable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
1.2. If a "time and material" type contract is used, does the contract include a ceiling price that the contractor may exceed at its own risk? [24 CFR 85.36(b)(10); 2 CFR 200.323]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
1.3. Was "cost plus a percentage of cost" or "percentage of construction cost" pricing used for the contract? <i>Note: This type of contract is not allowed (24 CFR 85.36(f)(4) 84.44 and 2 CFR 200.323(d))</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. Does the Contract Scope of Work/Services/ Equipment or Supplies match the Scope of Work/Services included within the procurement solicitation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. Based on the procurement type and equipment or supplies procured or services provided, was the correct contract type executed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4. Was the contract signed by all required parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	



## WORKSHEET 1: PROCUREMENT AND CONTRACT REVIEW

**Grantee/ Recipient/ Subrecipient:** \_\_\_\_\_ **Project ID:** \_\_\_\_\_ **Monitor:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_

Requirements	Response	Issue Type	Comments
5. Was the Contractor's status reviewed to ensure that it is not debarred, suspended or is otherwise excluded from or ineligible for participation in Federal assistance programs under Executive Order 12549, "Debarment and Suspension" [24 CFR 85.35; 24 CFR 84.13; 2 CFR 200.180]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
5.1. Is Contractor Clearance Date after Contract Effective Date? <i>Notate the Contractor Clearance Date and Contract Effective Date</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<b>Contract Requirements</b>			
6. For each contract within the contract sample, does the contract contain Scope of Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
7. For each contract within the contract sample, does the contract contain the Contract amount, with breakout of fees by services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
8. For each contract within the contract sample, does the contract contain the Method of compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
9. For each contract within the contract sample, does the contract contain the Contract date? <i>(Notate Contract Date)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
10. For each contract within the contract sample, does the contract contain a Section 3 clause?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
11. For each contract within the contract sample, does the contract contain a Equal Opportunity clause?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
12. For each contract within the contract sample, does the contract contain a Termination for Cause, and Convenience provision?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
13. For each contract within the contract sample, does the contract contain a Conflict of Interest clause?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
14. For each contract within the contract sample, does the contract contain an Access to Records provision?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
15. For each contract within the contract sample, does the contract list Executive Order 11246?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

## WORKSHEET 1: PROCUREMENT AND CONTRACT REVIEW

**Grantee/ Recipient/ Subrecipient:** \_\_\_\_\_ **Project ID:** \_\_\_\_\_ **Monitor:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_

Requirements	Response	Issue Type	Comments
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### Isaac Only

Grantees implementing projects utilizing funding from the Hurricane Isaac allocation are required to meet these guidelines.

- |  |   |  |  |
|--|---|--|--|
| 16. Did the Grantee/Subrecipient include (1) performance measures and penalties and (2) a period of performance in procured contracts? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A | <input type="checkbox"/> N/A<br><input type="checkbox"/> Finding<br><input type="checkbox"/> Concern |  |
|--|---|--|--|

### Labor Contract Requirements

**Description:** Only applies to construction contracts above \$2,000. Arbitrarily separating a project into individual contracts below \$2,000 in order to avoid the Davis-Bacon and Copeland Act requirements is not permitted.

- |   |   |  |  |
|---|---|--|--|
| 1. Were wage decisions included within the executed contract?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A | <input type="checkbox"/> N/A<br><input type="checkbox"/> Finding<br><input type="checkbox"/> Concern |  |
| 2. Does the resulting contract reflect the wage categories for laborers or mechanics, etc., established in the "Effective Wage Decision"?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A | <input type="checkbox"/> N/A<br><input type="checkbox"/> Finding<br><input type="checkbox"/> Concern |  |
| 2.1. Are the rates for each wage category for laborers or mechanics, etc. in the contract at or above the rates specified in the "Effective Wage Decision"?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A | <input type="checkbox"/> N/A<br><input type="checkbox"/> Finding<br><input type="checkbox"/> Concern |  |
| 3. Were wage decision lock-in dates established?<br><i>(Notate the wage lock-in date and bid opening date)</i> <ul style="list-style-type: none"> <li>For contracts procured through the sealed bid method, the lock-in date is the 10 days prior to bid opening.</li> <li>For contracts procured through other methods, the lock-in date is the contract award date OR if contract performance commences more than 30 days after award, the lock in date is ten days prior to commencement of the work.</li> </ul> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A | <input type="checkbox"/> N/A<br><input type="checkbox"/> Finding<br><input type="checkbox"/> Concern |  |
| 4. Do the wage decisions from the contract represent the correct time frame?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A | <input type="checkbox"/> N/A<br><input type="checkbox"/> Finding<br><input type="checkbox"/> Concern |  |

## WORKSHEET 2: CONTRACTOR LABOR REVIEW

Grantee/ Recipient/ Subrecipient:

Project ID:

Monitor:

Date Completed:

Contractor:

### Requirements

Response

Issue Type

Comments

**Monitoring Instructions:** Review the Grantee/ Recipient/ Subrecipient's Financial Management Policies and Procedures. Then, select an invoice sample based on transaction-based sampling methodology for the Contractor being reviewed. Answer each question as directed and mark "N/A", "Finding", or "Concern" to identify any issues, as applicable. Provide comments for your responses in the identified areas.

*THIS WORKSHEET SHOULD BE COMPLETED FOR EACH CONTRACT WITHIN THE SELECTED SAMPLE.*  
Once all Worksheets are completed, execute Section 8 of the WVDO PIPP Compliance Monitoring Project Checklist.

### Documents Needed (for each non-exempt Contractor selected):

- Weekly payroll reports (Two per applicable contractor within contract sample)
- Verification of Wage Decision Form
- Contract (including Wage Decision included within contract)

### Payroll Review

<p>1. Is the Contractor exempt from Davis-Bacon and Related Acts and the Copeland Anti-Kickback requirements? If yes, do not execute the remainder of this Worksheet.</p> <p>Must meet one of the following in order to be exempt:</p> <ul style="list-style-type: none"> <li>• Construction contracts at or below \$2,000</li> <li>• Rehabilitation or construction of residential structures containing less than eight units;</li> <li>• Simple water and sewer line extensions without pumps, tanks, etc.</li> <li>• Separate and distinct projects; or,</li> <li>• Contracts solely for demolition, when no federally-funded construction is anticipated on the site.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>2. Are weekly payroll reports being submitted timely for all employees and subcontractors being paid under the contract?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>3. Do the payroll reports indicate that the contractor/subcontractor employees are being paid timely?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>4. Are the payroll reports accompanied by a signed "Statements of Compliance" from an authorized representative of the Contractor?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>5. Is there evidence that the payroll reports are being reviewed for labor compliance by the Grantee/ Recipient/ Subrecipient's LCO, including reviews for required documentation (HUD Form WH-347), exact worker classifications, wage decisions, and mathematical accuracy?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	